

Classification

CONTROL NO. feeder report for
DDS/OL/PD-14

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)

Contract Procurement Activity

2. TYPE OF REPORT
☒ STATISTICAL
☐ NARRATIVE
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL
☒ LOGISTICS
TRAINING
SECURITY
MEDICAL
FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

Orig & 1

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not number of copies)

C/PD and Originating Section

7. FORMAT (memorandum, form computer print-out, etc)

Form No. 2936

8. ADP PROCESSING

YES
☒ NO
IF YES GIVE ADP PROCESSING NO.

9. DIRECTIVE AUTHORITY REQUIRING REPORT

OL/Procurement Note No. 14, 19 & 26

10. PREPARING COMPONENT (include lowest level contributing information to report)

OL/PD/GPB/CPS

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-6	3.74	2		7.48	12		89.76

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

89.76

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

☒ RETAIN AS IS
☐ CHANGE
☐ DISCONTINUE
☐ OTHER (explain)

ESTIMATED SAVINGS

MAN-HOURS
DOLLARS
STAT

16. DATE OF INVENTORY

17.

18. EXTENSION